

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Sample Letter for Family Reunion Program Approval

Facility Letter Head
(See Directive #0008, "Use of Department Stationery & Business Cards")

Date:

Ms./Mr.
Street Address
City, State, Zip Code

Re: Incarcerated Individual Name: _____

Incarcerated Individual DIN: _____

Facility Name: _____

Dear Ms./Mr. _____:

The above referenced has been approved for participation in the Family Reunion Program (FRP) at _____ Correctional Facility. Please complete the attached Document Verification Form, have it notarized, and return it to the facility within thirty (30) days from the date of this letter.

If you should have any questions regarding the FRP or completion of the form(s), please do not hesitate to contact the Facility's FRP Offender Rehabilitation Coordinator at the above noted facility.

Sincerely,

Facility's FRP Offender Rehabilitation Coordinator

Facility Name

Facility Address

Facility Phone Number w/ area code

Attachments